

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	<i>AVN SCH</i>	778 1091 1077	3/8/01 6-19-01 9/19/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/1/90/1
2	✓	✓	4/1/92
3	✓	✓	10/15/92
4	✓	✓	2/1/93
5	✓	✓	5/5/03
6	✓	✓	8/31/95
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
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14	✓	✓	✓
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40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

Claim	Final	Original	Date
1	✓	✓	12/1/90/1
2	✓	✓	4/1/92
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47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
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